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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

2021

DLN: 93493188009293 OMB No. 1545-0047

Department of the

Treasu Interna		enue Service					Inspection
A F	or th	ne 2021 c	l alendar year, or tax year beginning 09-01-2021 ,and ending 08-31	-2022			
B Che	ck if a	applicable:	C Name of organization ARIZONA VETERINARY MEDICAL ASSOCIATION		D Employe	r identif	ication number
		change	ANZONA VETERINARI MEDICAL ASSOCIATION		23-7216	045	
⊔ Na ☑ Ini		hange eturn	Doing business as				
		rn/terminated			E Telephone	numbar	
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit 100 W COOLIDGE ST	e	·		
Д Ар	plicati	ion pending	City or town, state or province, country, and ZIP or foreign postal code		(602) 24	2-7936	
			PHOENIX, AZ 85013		G Gross rece	ninte d 7	92 175
			F Name and address of principal officer:	H/a) Is this	a group retu		55,175
					dinates?	arn tor	□Yes ☑No
			100 W COOLIDGE ST PHOENIX, AZ 85013	H(b) Are al	l subordinate	s	☐ Yes ☐No
I Ta	x-exe	mpt status:	☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	includ	ed? ," attach a lis	t See	
1 W	ehsi	te: ▶ N//			exemption r		
		,,	`		· .		
K Forr	n of o	organization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	ation:	M State	of legal domicile: AZ
Pa	rt I		mary				
			scribe the organization's mission or most significant activities: te excellence in veterinary medicine to animals and human health and welfa	re, education,	legislation,	public ii	nformation and
Ce		practice n	nanagement through active involvement of it's members.				
Tan							
Ven							
Ġ.			is box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of m	ore than 25%	of its net as		
×ŏ	Ι.		of voting members of the governing body (Part VI, line 1a)			3	17
Activities & Governance	4		of independent voting members of the governing body (Part VI, line 1b) . nber of individuals employed in calendar year 2021 (Part V, line 2a)		•	5	5
Ţ,			nber of volunteers (estimate if necessary)		•	6	3
Ac			related business revenue from Part VIII, column (C), line 12		•	7a	226,179
			lated business taxable income from Form 990-T, Part I, line 11		7b	225,179	
		TTCC GITTC	1	Current Year			
	8	Contribu	cions and grants (Part VIII, line 1h)		or Year	+	0
Ravenue	l		service revenue (Part VIII, line 2g)		792,84	42	937,295
ōΛċ		_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		176,4	18	-154,120
<u>—</u>	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				C
	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		969,26	50	783,175
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)				C
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				C
8	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		417,59	95	419,701
Expenses	16a	a Profession	onal fundraising fees (Part IX, column (A), line 11e)				C
Š.	l .		raising expenses (Part IX, column (D), line 25) ▶0				
ш	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		358,18	_	514,741
	l		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		775,78	_	934,442
. 10	19	Revenue	less expenses. Subtract line 18 from line 12	n i i	193,4		-151,267
Net Assets or Fund Balances				beginning	of Current Ye	al	End of Year
ssel 3ala	20	Total ass	ets (Part X, line 16)		2,076,46	52	1,901,400
A A	21	Total liab	ilities (Part X, line 26)		23,79	95	C
ΣΞ	22	Net asse	ts or fund balances. Subtract line 21 from line 20		2,052,66	57	1,901,400
	rt II		ature Block				
			erjury, I declare that I have examined this return, including accompanying : if, it is true, correct, and complete. Declaration of preparer (other than offic				
		edge.	m, 10 to trace, correctly, and completed Bestaration of preparet (earlier train one)				The property has
		*****	*	202	3_07_07		
Sign		Signat	ure of officer	Date	3-07-07 e		
Here		мітті	WILLIAMS Executive Director				
			r print name and title				
		1	rint/Type preparer's name Preparer's signature Da	rte		TIN	
Paid	t	L			ck LLL if P(-employed	0007886	5
Pre		er 「	irm's name ► GA YEAGER & ASSOCIATES INC	Firn	n's EIN ▶ 86-0	977811	
Use			irm's address ► 7227 N 16TH ST STE 222	Pho	ne no. (602) 2	65-3133	
			Phoenix, AZ 85020		. ,-		
May t	he IF	RS discuss	this return with the preparer shown above? (see instructions)			√ \	es □No

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Pa	rt III	Statement of Program Se	ervice Accomplishme	nts		_
		Check if Schedule O contains a	response or note to any lir	ne in this Part III		🗆
1	Briefly	describe the organization's miss				
To pi mana	omote agemen	excellence in veterinary medicine t through active involvement of i	to animals and human he t's members.	alth and welfare, edu	cation, legislation, public information	on and practice
2	Did th	e organization undertake any sig	nificant program services	during the year which	were not listed on	
	the pr	ior Form 990 or 990-EZ?				Yes V No
	If "Yes	s," describe these new services o	n Schedule O.			
3	Did th	e organization cease conducting,	or make significant chang	es in how it conducts,	, any program	
		es?				Yes 🗹 No
4	Descri Sectio	ibe the organization's program se	ervice accomplishments for izations are required to re	port the amount of gr	est program services, as measured ants and allocations to others, the	
4a	(Code:) (Expenses \$	inclu	ding grants of \$) (Revenue \$)
		Iditional Data		,	, (+	,
4b	(Code:) (Expenses \$	inclu	ding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	inclu	ding grants of \$) (Revenue \$)
4d		program services (Describe in S nses \$	chedule O.) including grants of \$) (Revenue \$)
4e	Total	program service expenses ▶				

Nο

Nο

No

Nο

No

Form **990** (2021)

21

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . . 2 No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 🔧 . . Yes 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 🔧 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Nο

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian

for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation No 9 Nο

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. Yes 11a

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 **11**d in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 11f

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No No d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο Nο Nο 12a No b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . No

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any No foreign organization? If "Yes," complete Schedule F, Parts II and IV 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

20a

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Par	Checklist of Required Schedules (continued)			
_			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
.4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
В	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• ;	,	
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
Б	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
			2 rm 00	(2021)

Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		onse to	
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
1.	Enter the number of voting members of the governing hady at the and of the tay year.		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
h	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent			
	1b			
2	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			

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Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

(A) Name and title	(B) Average hours per week (list		n on	e bo	che x, u	eck mo nless office	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	any hours for related organizations below dotted line)				r/tr	ustee)	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from the organization and related organizations	
(1) EMILY KANE	40.00						120 712	0		
EXECUTIVE DIRECTOR	0.00						128,712	U	 	
(2) KAYLEE YOSHIMOTO PRESIDENT-ELECT	0.00	Х					0	0		
(3) MELISEA RIENSCHE PAST PRESIDENT	0.00	Х					0	0		
(4) BARBARE BATKE Director	0.00	Х					0	0		
(5) HILLARY HERENDEEN Director	0.00	Х					o	0		
(6) PETER MUNDSCHENK Director	0.00	Х					0	0		
(7) JENNIFER REDMON Director	0.00	Х					0	0		
(8) LISA SCHNIER Director	0.00	Х					0	0		
(9) LINDESY SMOGOR Director	0.00	Х					0	0		
(10) SANDRA SNYDER Director	0.00	Х					0	0		
(11) TARA-LYN TEMPLE	0.00									
Director	0.00	Х					0	0		
(12) LAUREN THOMAS Director	0.00	Х					0	0		
(13) CHRISTINA TRAN	0.00	Х					0	0		
Director (14) KARYN WEELEY	0.00	Х					0	0		
Director (15) TIFFANI SHIVLEY	0.00	Х					0	0		
Director (16) KARA S THOMAS	0.00 0.00			,,						
President (17) RACHEAL MCKINNEY	0.00	7		Х			0	0		
							ı /I			

compensation from the organization ▶ 0

Page 8

Part	VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	jhes	st Compensat	ed Emp	oloyees (d	conti	inued)	
	(A) Name and title	(B) Average hours per week (list any hours for related		ne b	ox, ι ın of	t che unles ficer	ss pers	son	(D) Reportable compensation from the organization	n co fr or	(E) Reportable mpensation related ganizations	on amount of other d compensation from the		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)		W-2/1099- ISC/1099- NEC)		relat organiz	ed
	AMERON DOW	0.00			х					0		0		0
Secreta		0.00			<u> </u>					-		\dashv		
										+				
					T									
c To	ub-Total otal from continuation sheets to Part \ otal (add lines 1b and 1c)	/II, Section A				,	-		128,712					
2	Total number of individuals (including but of reportable compensation from the orga		those li	sted	abov	/e) v	vho re	ceiv	ed more than \$1	100,000				
													Yes	No
3	Did the organization list any former officine 1a? If "Yes," complete Schedule J for						e, or h	-	est compensated	d employ	ee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations gr									m the	Ī			
5	Did any person listed on line 1a receive of services rendered to the organization? If									lividual 1	for	5		No No
Sec	ction B. Independent Contractors	1										Ť		110
1	Complete this table for your five highest from the organization. Report compensat	compensated in										pens	sation	
		(A) pusiness address	iddi ye	ui	49	*****			T	(B)			(C Comper	
												4	·	
												1		
2 To	otal number of independent contractors (in	ncluding but not	t limited	d to t	hose	list	ed abo	ove)	who received m	ore that	n \$100,000	of o		

		(2021) Statement	of F	Payar						Page 9
Part	VIII				resno	onse or note to any	line in this Part VIII			П
		Check if Sched	auie	O CONCEINS &	тезро	inse of note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c	Federated campaig Membership dues Fundraising events Related organization Government grants (and all other contributions and similar amounts in above Noncash contributions lines 1a - 1f:\$	ons contri s, gift not ir	ibutions) cs, grants, included uded in	1a		0			
						Business Code				
	2a	ADVERTISING					226,179		226,179	
n e	h	MEETINGS & CONVE	IOIT	NS			316,735	316,735		
e ve										
ce	c	MEMBERSHIP DUES					385,073	385,073		
Program Service Revenue	d	MISCELLANEOUS					9,308	9,308		
gran	١,									
Proğ	e									
	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	•	937,295		'		
	3	Investment income	(inc	luding divide	nds, i	nterest, and other	-154,12	0 -154,120		
		similar amounts). Income from invest			npt bo	ond proceeds	1	0		
		Royalties					-	0		
				(i) Rea	ıl	(ii) Personal				
	6a	Gross rents	6a							
		Less: rental					-			
		expenses	6b							
	С	Rental income or (loss)	6с							
	(Net rental income	or ((loss)			<u> </u>	0		
	7a Gross amount from sales of assets other than inventory (i) Securities 7a		(ii) Other							
	b	Less: cost or other basis and sales expenses	7b							
	С	Gain or (loss)	7c						1	
ane		I Net gain or (loss) Gross income from fu (not including \$ contributions reporter	ındra	ising events of	 	•		0		
sver		See Part IV, line 18			8a					
Ä		Less: direct expen			8b				4	
Other Revenue	9	Net income or (los	s) fr	om fundrais	ng ev	ents 🕨		0		
		Gross income from See Part IV, line 19 Less: direct expen			9a 9b					
	(Net income or (los	s) fr	om gaming	activiti	ies		О		
		aGross sales of inverse returns and alloware.	nces	5	10a 10b					
		_				ory ►	_	О		
	C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a									
	ŀ)								
	(
		All other revenue Total. Add lines 1		 1d	.	•	1			
		? Total revenue. S					783,17	5 556,996	226,179	
							705,17	-1 330,330	1 220,173	Farm 000 (2021)

Form 990 ((2021)		Page 1
Part IX	Statement of Functional Expenses		

Form 990 (2021)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must	· · · · · · · · · · · · · · · · · · ·			. ,
Check if Schedule O contains a response or note to a	nny line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	128,712	Ì	128,712	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	230,258	230,258		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	33,270	29,588	3,682	
10 Payroll taxes	27,461	17,586	9,875	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	11,815		11,815	
d Lobbying	32,500		32,500	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	6,615		6,615	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	75,604		75,604	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	13,538	8,949	4,589	
23 Insurance	9,985	6,600	3,385	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMITTES	108,872	108,872		
h NEWSLETTER	66 945	66 945		

4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	128,712		128,712	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	230,258	230,258		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	33,270	29,588	3,682	
10	Payroll taxes	27,461	17,586	9,875	
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
c	Accounting	11,815		11,815	
d	Lobbying	32,500		32,500	
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	6,615		6,615	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	75,604		75,604	
	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,538	8,949	4,589	
23	Insurance	9,985	6,600	3,385	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a COMMITTES	108,872	108,872		
İ	b NEWSLETTER	66,945	66,945		
•	c TAXES	41,733		41,733	
•	d Printing and Publications	32,289		32,289	
	e All other expenses	114,845	56,439	58,406	
25	Total functional expenses. Add lines 1 through 24e	934,442	525,237	409,205	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720).			4	F 000 (2024)
					Form 990 (2021)

Form 990 (2021)

1

Assets or Fund Balances

Net 33

27

28

29

30

31

32

End of year

Page **11**

243,359

0 0

0

1.901.400

1.901.400

1,901,400

Form 990 (2021)

Check if Schedule O contains a response or note to any line in this Part IX .

Cash-non-interest-bearing	256,680	1	
Savings and temporary cash investments	1,465,939	2	
Pledges and grants receivable, net		3	
		-	

Beginning of year

2.052.667

2.052,667

2,076,462

27

28

29

30

31

32

33

1,311,819 2 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 Notes and loans receivable, net . 7 Assets 8 Inventories for sale or use . 74,202 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 10a 536,911 basis. Complete Part VI of Schedule D 10b 270,766 279,641 10c

0 0 0 80.077 266,145 b Less: accumulated depreciation 11 Investments—publicly traded securities . 11 0 0 12 Investments-other securities. See Part IV, line 11 12

	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,076,462	16	1,901,400
	17	Accounts payable and accrued expenses	23,791	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unprogrand notes and leave payable to unrelated third parties		24	

Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 . 23.795 26 26

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3b

Nο

Form 990 (2021)

Audit Act and OMB Circular A-133?

Additional Data

Form 990, Part III, Line 4a: Provided education and public welfare.

Form 990 (2021)

N

Software Version: 2021v4.1
EIN: 23-7216045
Name: ARIZONA VETERINARY MEDICAL ASSOCIATION

Software ID: 21013475

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE C (Form 990)

For Paperwork Reduction Act Notice, see the instructions for Form 990.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990) 2021

Cat. No. 50084S

DLN: 93493188009293

Department of the Treasury ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

 Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization Employer identification number ARIZONA VETERINARY MEDICAL ASSOCIATION 23-7216045 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." Political campaign activity expenditures. See instructions 3 Volunteer hours for political campaign activities. See instructions Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? Yes □ No If "Yes." describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities > 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b........ 3 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (d) Amount paid from (a) Name (c) EIN (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and directly delivered to a -0-. separate political organization. If none, enter -0-. 2 5

activity.

Part IV

Return Reference

1

(b)

Amount

(a)

Yes | No

	including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
i	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on		
	501(c)(6).					
	501(c)(6).				Yes	No
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No
1 2			F	1 2	Yes	
	Were substantially all (90% or more) dues received nondeductible by members?		 [Yes	No
2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o	r secti	2 3 on 5	501(c	No No No)(6)
2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?	 (5), o	r secti	2 3 on 5	501(c	No No
2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o	r secti	2 3 on 5	501(c	No No No)(6)
2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? THI-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	(5), o	r secti	2 3 on 5	501(c	No No No)(6)
2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? THI-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	(5), o III-A,	r secti	2 3 on 5	501(c	No No No)(6)
Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A, 1 2a 2b	r secti	2 3 on 5	501(c	No No No)(6)

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

expenditure next year?

Taxable amount of lobbying and political expenditures. See Instructions

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Supplemental Information

4

SCHEDULE D

DLN: 93493188009293

OMB No. 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

Open to Public

Internal Revenue Service

(Form 990)

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number ARIZONA VETERINARY MEDICAL ASSOCIATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	listori	cal Tr	easu	ires, o	r Other	Similar A	ssets (cont	inued)	
3		the organization's acq (check all that apply):		n, and other	records,	check a	any of	the fo	llowing t	that are a	significant	use of its coll	ection	
а		Public exhibition				d		Loan	or exch	ange pro	grams			
b		Scholarly research				е		Othe	r		••••••	***************************************	***	
С		Preservation for future	e generations											
4	Provid Part >	de a description of the KIII.	organization's col	lections and	l explain h	now the	y furth	er the	e organiz	zation's e	xempt purp	ose in		
5		g the year, did the org s to be sold to raise fur										☐ Yes	□ N	o
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Fori	m 990	, Part	IV, li	ne 9, o	r reporte	ed an amo	unt on Forn	າ 990,	Part
1 a		e organization an agent ded on Form 990, Part I										☐ Yes	□ N	o
b	If "Ve	es," explain the arrange	ment in Part VIII	and comple	ete the fol	llowing	tahla:					Amount		_
c		, ,				•				1c				_
_	_	ning balance								1d				_
d		ions during the year .								\vdash				_
e		butions during the year								1e				_
f 2a		g balance ne organization include								1f	ability?	□ Vos		_
		•		,	,	•					,		<u> </u>	О
		s," explain the arrange		. Check here	e if the ex	planati	on nas	been	provide	d in Part	XIII			
- 6	rt V	Endowment Fund Complete if the org		erod "Voc	" on For	m 000	Dart	T\/ li	no 10					
		Complete if the or	garnzacion answ	(a) Currer			rior yea			ears back	(d) Three ve	ears back (e)	Four vea	rs back
1 a	Beainn	ing of year balance .		(,	,	(-)	,		(-)		(,	(-)	,	
	_	outions						\dashv						
		estment earnings, gair	ns and losses											_
		or scholarships	·					\dashv						
		expenditures for facilities						-+						
		ograms	e5											
		strative expenses .						\dashv						_
		year balance						_						
_		•				/I: 4 -		(-)	VV 15 - 1 - 1 - 1					
2 a		de the estimated perce d designated or quasi-e	ndowment 🕨	ent year end		(line 10	j, colur	mn (a)) neid a	is:				
b	Perma	anent endowment 🟲												
С	Term	endowment >	***************************************											
•		ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%.									
За	Are th	nere endowment funds nization by:				ion that	are he	eld an	d admin	istered fo	r the		Yes	No
	_	nrelated organizations										3a(i)	1.55	
		elated organizations										3a(ii)		
b		s" on 3a(ii), are the rel			required o	n Sche	dule R	? .				. 3b		
4	Descr	ibe in Part XIII the inte	ended uses of the	organizatio	n's endow	vment f	unds.							
Pai	rt VI	Land, Buildings,	and Equipmer	nt.										
		Complete if the or										_		
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost	or other	basis (c	other)	(c) Acc	cumulated (depreciation	(d) B	ook valu	е
1 a	Land													
		gs					47	9,555			221,332			258,223
		old improvements						2,015			14,093			7,922
		nent						7,981			17,981			, -
								7,360			17,360			
_							_	,			- 1			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category	Part IV,	line 11b.See Fo	rm 990, Part X, lii (c) Method of valua	
	(including name of security)	Book value		or end-of-year mar	ket value
(1) Financia					
(2) Closely- (3)Other	held equity interests				
(A)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV,	line 11c. See Fo	orm 990, Part X, li	ne 13.
	(a) Description of investment		(b) Book value	(c) Method	of valuation: ear market value
(1)				Cost of Cita of y	car market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered 'Yes' on Form 990, P. (a) Description	art IV,	line 11d. See For	m 990, Part X, line 1	.5. (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colu					
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P.	art IV,	line 11e or 11f.9	See Form 990, Par	t X, line 25.
1.	(a) Description of liability				(b) Book value
(1) Federal	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	1
	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check l				

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Schedule D (Form 990) 2021

2

Schedule D (Form 990) 2020

а	Net unrealized gains (losses) on i	nvestments	2a			I
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII.) .		2d]		
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, P	Part VIII, line 12, but not on line 1:		[
а	Investment expenses not included	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part		s per R	eturr	1.
1	Total expenses and losses per aud	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:		[
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .			 [3	
4	Amounts included on Form 990, P	Part IX, line 25, but not on line 1:		[
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.) .		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			V, line	4; Part X, line 2; Part
	Return Reference	Explanation				

•	orm 990) 2020 Supplemental Info	Page 5	
Return Reference		Explanation	
			Schedule D (Form 990) 2021

efile GRAPH	DLN: 93493188	8009293	
SCHEDUL (Form 990) Department of the Till	Complete to provide information for responses to specific questing Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.	ons on n. Open to	21 Public
	anization ARY MEDICAL ASSOCIATION CO, Supplemental Information	Employer identification nur 23-7216045	mber
Return Reference	Explanation		
Form 990, Part VI, Line 11b: Form 990 Review Process	No review was or will be conducted.		

Return Reference Explanation

Form 990, No documents available to the public.

Part VI, Line
19: Other
Organization
Documents
Publicly
Available

990 Schedule O, Supplemental Information

Return Explanation

Reference

11010101100	
Form 990,	: Column (A) - Total = \$0; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) -
Part IX, Line	Fundraising = \$0
24e: Other	

Return Explanation
Reference

Form 990,	BANK FEES: Column (A) - Total = \$29420; Column (B) - Program Services = \$0; Column (C) - M
Part IX, Line	anagement & General = \$29420; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation
Reference

	MISCELLANEOUS: Column (A) - Total = \$4390; Column (B) - Program Services = \$2902; Column (
Part IX, Line	C) - Management & General = \$1488; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation
Reference

Form 990,	PENALTIES: Column (A) - Total = \$2650; Column (B) - Program Services = \$0; Column (C) - Ma
Part IX, Line	nagement & General = \$2650; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation
Reference

Form 990,
Part IX, Line
24e: Other
Expenses

Postage and Shipping: Column (A) - Total = \$2716; Column (B) - Program Services = \$1795; C
olumn (C) - Management & General = \$921; Column (D) - Fundraising = \$0

Return Explanation

Form 990,	PROPERTY TAXES & LICENSE: Column (A) - Total = \$7039; Column (B) - Program Services = \$465
Part IX, Line	3; Column (C) - Management & General = \$2386; Column (D) - Fundraising = \$0
24e: Other	
Expenses	

Return Explanation
Reference

Form 990.	BUBLIC DELATIONS: Column (A) Total = \$200; Column (B) Program Sontings = \$0; Column (C)
	PUBLIC RELATIONS: Column (A) - Total = \$393; Column (B) - Program Services = \$0; Column (C
Part IX, Line) - Management & General = \$393; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation

Form 990,	REPAIRS & MAINTENANCE: Column (A) - Total = \$30731; Column (B) - Program Services = \$20314
Part IX, Line	; Column (C) - Management & General = \$10417; Column (D) - Fundraising = \$0
24e: Other	

Return Explanation
Reference

Form 990,	SCHOLARSHIPS & DONATIONS: Column (A) - Total = \$2452; Column (B) - Program Services = \$245	_
Part IX, Line	2; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0	
24e: Other		

Return Explanation

Reference

Form 990,	TRAVEL & EDUCATION: Column (A) - Total = \$11700; Column (B) - Program Services = \$7734; Co
Part IX, Line	lumn (C) - Management & General = \$3966; Column (D) - Fundraising = \$0
24e: Other	
Expenses	

Return **Explanation** Reference

Form 990,	UTILITIES & TELEPHONE: Column (A) - Total = \$19958; Column (B) - Program Services = \$13193
	; Column (C) - Management & General = \$6765; Column (D) - Fundraising = \$0
0.1	

24e: Other Expenses

990 Schedule O, Supplemental Information

Return Explanation
Reference

	VETERINARY HEALTHCARE TEAM: Column (A) - Total = \$3396; Column (B) - Program Services = \$3 396; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
24e: Other	constant (e) management a constant (e), ranarationing to
Expenses	

990 Schedule O, Supplemental Information Return **Explanation** Reference PART IV OBOX CHECK THAT WE RECEIVED DUES LINE 5

990 Schedule O, Supplemental Information Return **Explanation** Reference PART VII LIST OF DIRECTORS WAS UPDATED SECT A

990 Schedule O, Supplemental Information Return **Explanation** Reference TOTAL EXPENSES ADJUSTED TO ACTUAL

PART XI LINE 2